



Dear Participant:

We would like to thank you for participating in the Washington State Department of Labor and Industries Hospital Outreach Webinar. We hope you enjoyed our webinar. Below are questions that were asked from webinar participants. If you have any further questions or need further clarification about the Medical Provider Network please visit:

[www.Lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/ProvNetwork/default.asp](http://www.Lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/ProvNetwork/default.asp).

Many of the questions asked on the webinar are answered by online FAQs. We encourage checking the FAQ page regularly by visiting:

<http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/ProvNetwork/default.asp#4>

**1. If a patient chooses to be seen by a non-network provider and the bill is denied, does the provider have to write off that visit, or can the patient be billed?**

- **A worker can see a non-network provider only for the initial visit. For additional care, they must transfer to a network provider. If a worker is interested in seeing their regular doctor who isn't yet in the network, the worker should ask their regular doctors to enroll in the network. To notify L&I online of patient transfers, visit the Transfer of Care website at: <http://www.lni.wa.gov/ClaimsIns/Claims/ChangeaDoc/>**
- **Inpatient discharge planning (or any follow up care) must be performed by network providers and referrals must be to a network provider ([see WAC 296-20-075](#))**
- **The new medical provider network law states that providers must enroll and be accepted into the network in order to provide ongoing care to injured workers.**
- **Providers are NOT permitted to bill workers for medical treatment of diagnoses that are accepted on an industrial injury or accident claim. The injured worker is not obligated to pay for treatment for accepted diagnoses. ([see WAC 296-20-010](#))**

**2. Does File Fast apply to Self Insured?**

**No – FileFast is for State Fund claims only.**

**3. Should non-emergency ambulance providers join the network?**

**L&I is not credentialing ambulance providers at this time.**

**4. When will the new Report of Accident forms be available?**

**The new Report of Accident form will be mailed by October 31, 2012. Additionally, when you order the ROA from our website you will receive the new version. You can order the form by visiting: <http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1599>. The new fields will be available in our provider web ROA application in December 2012.**

**5. Is initial ER visit paid if the worker's claim denied?**

**Yes. L&I will pay for the initial visit even if the worker's claim is denied (assuming that the injured worker is employed by a business with L&I coverage).**

**6. Will the ROA only be updated for L&I or is it both L&I as well as self insured?**

**The new ROA is only for State Fund Claims. Self-insurers use the Providers Initial Report (PIR) and yes it will also be updated. For more information on the Self-insures PIR form visit <http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/SelfInsEmps/Mpn/Default.asp>**

**7. Do you pay for both the ER physician and the facility when filing through file fast?**

**The 1040M \$10 incentive is only for professional bills, not facility claims.**

**8. Will you be able to use the old ROA forms after 01/01/2013?**

**You are encouraged to recycle your old ROA forms once you receive the new ones. Using the old form could affect our ability to identify and pay for the initial visit. However, L&I will still process claims filed using the old ROA form.**

**9. Will providers get paid if the ROA is not filled out on the first day they saw the patient; if they did not tell us they were injured at work?**

**The provider must be in the network to be paid for services not included in the "initial visit." Under existing rules, "initial visit" is the first visit to a health-care provider during which the Report of Accident (ROA) is completed. This definition has not changed. While often the same, the initial visit isn't always the first date of treatment. Treatment before and after the initial visit (date associated with the completion of the accident report) can only be done by network providers after January 1, 2013.**

The current requirements regarding time to file a claim remain in effect (one year for injury or two years for disease). [RCW 51.28.050](#) and [RCW 51.28.055](#). If a provider is not currently a network provider, the provider would need to obtain approved network status prior to being reimbursed.

[Amendments to the Washington Administrative Code](#) were adopted to further define what is included in the initial visit, worker and provider responsibilities, and who can provide medical support for reopening claims.

10. Could File Fast build in the list of the network doctors so that we could just enter and click the doctor to which the patient has been referred?

There are no current plans to build a list of network doctors in FileFast. The FileFast application will refer users to the Find a Doctor website: [www.FindADoc.Lni.wa.gov](http://www.FindADoc.Lni.wa.gov)

11. Will File Fast have a selection of listed network doctors to refer patients to from the ER?

No – If you want to find a provider who is part of the L&I network it is best to use the Find a Doctor website at: [www.FindADoc.Lni.wa.gov](http://www.FindADoc.Lni.wa.gov)

12. Does File Fast provide you with the claim number?

File Fast can generate a claim number if no other claim number is entered. Users can enter a claim number if one already exists (e.g. a number from the paper ROA or from a worker who filed online or by phone).

13. If a patient is given a walk in x-ray order and the referring physician IS NOT in the network, does that mean our facility will not be paid?

In rare cases where an injured worker might be treated by a non-network provider who refers to other providers for services, payment to the other providers would not generally be denied solely because the referral was from a non-network provider. For services requiring prior authorization, L&I may check that the referring provider is in the L&I network. Specialists such as physical therapists and imaging facilities are not subject to the provider network rule.

Generally speaking, the statute and rules set forth the expectation that treating providers must be in network and refer to network providers if applicable. [Amendments to the Washington Administrative Code](#). For network providers, both the rule and provider agreement require the provider to refer the injured worker to network providers for any other treatment needed from the following provider types:.

- Physicians (MDs and DOs)
- Chiropractors
- Naturopathic physicians

- Podiatric physicians & surgeons
- Dentists
- Optometrists
- Advanced registered nurse practitioners
- Physician assistants

If a provider type is not listed above, or they practice out-of-state, they can continue to treat injured workers in 2013 without joining the network, but must have an L&I provider number, which is required of everyone that does business with L&I. We will invite them and other provider types in future years. Here's the link to get started on acquiring a non-network L&I Provider number:

<http://www.lni.wa.gov/ClaimsIns/Providers/Becoming/GetStarted/default.asp>.

For initial visit treatment providers, the rule states that a responsibility of the provider is to refer the injured worker to a network provider for any needed follow up care. At a minimum, the provider must notify the injured worker that only L&I network provider can provide ongoing treatment. In addition, if a specific provider is recommended, the provider should be sure that the provider is in the L&I network.

#### **14. Will radiologists need to register with the network?**

Per [WAC 296-20-01010\(3\)](#), providers in the following specialties who practice exclusively in acute care hospitals or within an inpatient setting do *not* need to apply for the network at this time:

- (a) Pathologists;
- (b) Consulting radiologists working within a hospital radiology department;
- (c) Anesthesiologists or certified registered nurse anesthetists (CRNAs) except anesthesiologists and CRNAs with pain management practices in either hospital-based or ambulatory care settings;
- (d) Emergency room providers; or
- (e) Hospitalists.

These providers can continue to treat injured workers without joining the network, but must have an L&I provider number, which is required of everyone who does business with L&I.

**15. How will we know if doctors are registered? We work in Admitting and Registration.**

The best way to determine if a doctor is registered and part of the network is to visit [www.FindADoc.Lni.wa.gov](http://www.FindADoc.Lni.wa.gov)

**16. How long is the approval process for the providers?**

All current providers for L&I must re-apply, including COHE providers. We have reached out to current L&I providers to tell them how to apply. New providers (of the types listed below) should also apply to join the network. Providers should apply as soon as possible. If you leave it until late 2012, your application may not be processed by the time the network takes effect in January 2013, and there may be interruptions in care for your injured worker patients. Learn how to apply at [www.JoinTheNetwork.Lni.wa.gov](http://www.JoinTheNetwork.Lni.wa.gov).

The following provider types that practice in Washington State must join the network in order to treat injured workers starting January 2013:

- Physicians (MDs and DOs)
- Chiropractors
- Naturopathic physicians
- Podiatric physicians & surgeons
- Dentists
- Optometrists
- Advanced registered nurse practitioners
- Physician assistants

Unless we need additional information from you, we will mail you a letter confirming that we have received your completed application. We will write again after your application is approved or denied. If you don't hear from us within 120 days of the first letter, you may contact us about the status of your application by calling 360-902-5140.

Applications from new providers (without a current L&I provider number to treat injured workers) will be handled as top priority. Other applications to join the new network will also be acted on as quickly as possible. The network takes effect January 1, 2013.

**17. When indicating a network provider, do ED providers have to identify a referring provider?**

For initial visit treatment providers, the rule states that it is the provider's responsibility to refer the injured worker to a network provider for any needed follow up care. At a minimum, the provider must notify the injured worker that only an L&I network provider can provide ongoing treatment. In addition, if a specific provider is recommended, the provider should be sure that the provider is in the L&I network. [Amendments to the Washington Administrative Code](#).

For network providers providing ongoing care, both the rule and provider agreement require the provider to refer the injured worker to network providers for any other treatment needed.

**18. Are the new ROAs being sent out automatically or do we have to request them?**

A bundle of ROAs are being sent to all clinics. If you are a clinic that sees a high volume of L&I patients, it would be a good idea to order more ROAs. You can do this by visiting <http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1599>, or you can file electronically by visiting [www.FileFast.lni.wa.gov](http://www.FileFast.lni.wa.gov).

**19. Regarding letters to workers - do providers need to be cc'd these by WAC or can you please aggregate so providers don't receive 1 per patient?**

Yes - [RCW 51.52.050](#)(1) states: "Whenever the department has made any order, decision, or award, it shall promptly serve the worker, beneficiary, employer, or other person affected thereby, with a copy thereof by mail....."

Medical providers fall under the other person affected so we are required by law to send you all legal notices and orders

<http://apps.leg.wa.gov/rcw/default.aspx?cite=51.52.050>

L&I was recently successful in proposing an amendment to this statute which will allow us to send secure electronic notification in lieu of paper mail. We are currently working on system changes that will allow providers to sign up for the electronic option in mid-2013.

**20. When does this start?**

The Medical Provider Network starts January 1, 2013

**21. How do I find a network provider?**

You can find a network provider by visiting [www.FindADoc.Lni.wa.gov](http://www.FindADoc.Lni.wa.gov)

**22. How will we know what providers filed online for the 1040M for the \$10 reimbursement?**

Online filing of the Report of Accident only pertains to State Fund workers. This program doesn't affect self-insurers.

**23. Do ED physicians need to reapply, even though they are completing the ROA?**

Providers of the following specialties who practice exclusively in acute care hospitals or within an inpatient setting do not need to apply to the network at this time: pathologists, consulting radiologists, anesthesiologists, emergency room providers, and hospitalists. However all providers are welcome to apply

to join the network, and especially encouraged to do so if there is a chance they will practice outside the settings listed above.

24. If a consultant sees a patient in the ER (i.e an orthopedist in a trauma patient), does the patient have to follow-up with a different orthopedist if the consultant is not a network provider?

A worker can see a non-network provider only for the initial visit. For additional care, they must transfer to a network provider. If a worker is interested in seeing their regular doctor for ongoing care, and that doctor is not yet in the network, the worker should ask their regular doctor to enroll in the network.

Follow up care must be performed by network providers and referrals must be to a network provider ([see WAC 296-20-075](#)). All providers are welcome to apply to the network. Network providers can be found at L&I's online provider directory, located at [www.FindADoc.Lni.wa.gov](http://www.FindADoc.Lni.wa.gov)

The provider also has an obligation under the medical provider network law to enroll and be accepted into the network, in order to treat injured workers on an ongoing basis.

25. Will a PT need to check that the provider who referred a patient is in the new network in order to get paid? For example, patient is coming in for Physical Therapy related to L&I, are we going to have to check to see if the therapist is registered? Same holds true for surgeons??

In rare cases where an injured worker might be treated by a non-network provider who refers to other providers for services, payment to the other providers would not generally be denied solely because the referral was from a non-network provider. For services requiring prior authorization, L&I may check that the referring provider is in the L&I network. Specialists such as physical therapists and imaging facilities are not subject to the provider network rule.

Generally speaking, the statute and rules set forth the expectation that treating providers must be in network and refer to network providers if applicable. [Amendments to the Washington Administrative Code](#). For network providers, both the rule and provider agreement require the provider to refer the injured worker to network providers for any other treatment needed from the following provider types:

- Physicians (MDs and DOs)
- Chiropractors
- Naturopathic physicians
- Podiatric physicians & surgeons
- Dentists
- Optometrists
- Advanced registered nurse practitioners

- Physician assistants

If a provider type is not listed above, or they practice out-of-state, they can continue to treat injured workers in 2013 without joining the network, but must have an L&I provider number, which is required of everyone that does business with L&I. We will invite them and other provider types in future years. Here's the link to get started on acquiring a non-network L&I Provider number:

<http://www.lni.wa.gov/ClaimsIns/Providers/Becoming/GetStarted/default.asp>

For initial visit treatment providers, the rule states that a responsibility of the provider is to refer the injured worker to a network provider for any needed follow up care. At a minimum, the provider must notify the injured worker that only L&I network provider can provide ongoing treatment. In addition, if a specific provider is recommended, the provider should be sure that the provider is in the L&I network.

**26. How will we handle locums doctors who might be here for only a week up to a month?**

Providers of the following specialties who practice exclusively in acute care hospitals or within an inpatient setting do not need to apply to the network at this time: pathologists, consulting radiologists, anesthesiologists, emergency room providers, and hospitalists do not need to apply for the network at this time. However all providers are welcome to apply to join the network, and especially encouraged to do so if there is a chance they will practice outside the settings listed above.

**27. Our physicians typically refer to the PCP. Is it our responsibility to make sure that they re-applied for L & I?**

Yes. For initial visit treatment providers, the rule states that it is the provider's responsibility to refer the injured worker to a network provider for any needed follow up care. At a minimum, the provider must notify the injured worker that only an L&I network provider can provide ongoing treatment. In addition, if a specific provider is recommended, the provider should be sure that the provider is in the L&I network. [Amendments to the Washington Administrative Code](#)

For network providers providing ongoing care, both the rule and provider agreement require the provider to refer the injured worker to network providers for any other treatment needed.

**28. You stated the COHE and L & I network are separate. Yet in order to participate in COHE, don't you have to have a L & I provider ID number?**

**Yes - COHE and the L&I Medical Provider Network are separate.**

- If you wish to treat injured workers and be reimbursed for these visits, you must have an active L&I provider id.
- If you fall into the nine medical provider types and wish to offer care for injured workers beyond the initial visit, you are required to be accepted into the Medical Provider Network.
- The Centers of Occupational Health and Education (COHE), and other best practice programs are voluntary - not required.
- If you wish to participate in any best practice program (for example, COHE) you should submit a supplemental application so that L&I may identify you (and your existing provider id) as a participating medical provider.

**29. What if the ER provider provided an initial ROA and the patient returns for increased pain, etc, and a subsequent visit is provided?**

Any services performed in a hospital-based ER will be covered regardless of the specialty or network status of the provider. Also, providers of the following specialties who practice exclusively in acute care hospitals or within an inpatient setting do not need to apply to the network at this time: pathologists, consulting radiologists, anesthesiologists, emergency room providers, and hospitalists. These providers can treat injured workers for the initial or a subsequent visit in the acute care or inpatient setting without joining the network. Note: the provider must have an L&I provider number, which is required of all providers that do business with L&I.

Please note that network rules *do* apply to Urgent Care facilities. In Urgent Care facilities, only network providers can treat injured workers beyond an initial visit.

**30. Will the Top Tier incentives and best practices be different from the COHE incentives and best practices?**

The top tier incentives and best practices are not yet finalized. L&I is currently working with the Provider Network Advisory Group to determine the eligibility criteria and incentives for top tier. We expect that COHE and top tier incentives and best practices will be consistent. For the latest information about top tier, please go to the Provider Network Advisory Group meeting notes:

<http://www.Lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/ProvNetwork/AdvisoryGroup.asp>

**31. I know that L&I will reimburse EDs for a 2nd visit for an on-the-job injury. What happens if an injured worker returns to an ED 3 or 4 times? Will L&I still reimburse?**

**Yes - If a patient needs to return to the ER (even after the initial visit) L&I will still reimburse for the visit.**

**32. Are there any changes which will impact interpreters? If so, when, how?**

**No. Interpreters are not a provider type covered by the medical provider network.**